



NEWSLETTER JUNE 1980

President's Column

During my term as President I intend to visit a meeting of each State Branch of the Society. It was with pleasure that I attended the course organised by the N.S.W. Branch on April 18th-19th and had the opportunity to address the meeting.

The venue of the Opera House and the variety of the lecture topics proved an excellent combination. The credit for the success of the meeting was due to the attention to detail and enthusiasm of Tom Mackay and his Committee. The attendance of over 100 from N.S.W., Vic., S.A., and W.A. indicates the growing interest in this type of course related to Children's Dentistry not only in the particular Branch but also from interstate members. One result of such a meeting is the number of participants who were not members of the Society but show themselves to be potential active members by their interest in attending.

I have become aware that the S.A. Association of Registered Health Benefits Organisations may have a different approach to benefit payments than that in some other States. In South Australia the Health Benefits Organisations will return a 20% higher rebate for treatment by a Specialist if the patient was 'referred'. Many States do not have Specialist Registers and South Australia is one of these; but the S.A. Association of Registered Health Benefit Organisations, as an interim

measure, has accepted as Specialists those whose names are included on a List prepared by the Council of the A.D.A. (S.A. Branch) after consultation with the various Affiliate Societies. Consequently, provided a patient has the Referral Form attached to the first account when presented to the Benefit Fund and the practitioner providing the treatment is recognised as a Specialist the patient will receive a 20% higher benefit. Because of this development in South Australia I feel other State Branches should have discussion on the matter.

Due to the moving of patients from one State to another I consider it would be helpful if members knew the percentage time each member spent per week in treating children; whether they receive referral patients already; and also if they wish to receive referrals? A questionnaire including this type of question will be included in a future Newsletter. I hope every member will assist by returning the completed questionnaire.

The segment "From the Journals" of the Newsletter has proved very successful and I believe the Newsletter would be further improved if a "Letters to the Editor" segment was included. After discussion with the Editor it has been agreed to test the practicability of the proposal. Letters should not be more than 140 words and the writer would need to

accept minor editing depending on the set up of the Newsletter.

For sometime members of the Profession have been requesting that a dental manpower study be completed. Recently the results of a study in South Australia has become available. The Report entitled "Requirement for Dentists in South Australia, Final Report", was prepared by the Working Party on Dental Manpower, of the South Australian Health Commission/Australian Dental Association - Dental Services Liaison Committee February 1980. Although the report concerns South Australia I'm sure it will have an impact on dental manpower discussions in other States. Members who are interested to read the Report should contact their A.D.A. State Branch office.

Kevin Allen

Federal Secretary's Notes

1. I.A.D.C.

I have received a letter from the new I.A.D.C. Editor:-

Dr. Giuliano Falcolini,
Via Galimberti, 28,
00136 Roma - Italy.
Tel. 06-34.02.36

he is requesting that we send him any news for publication, and this would include provisional programmes for late 1980 and 1981, which can be used in the I.A.D.C. Newsletter. The first issue of the I.A.D.C. Newsletter was published in March 1980, for which the deadline was January 15th. The next deadline is June 15th, 1980 for the September Edition, so here is a call for all Branch Secretaries to submit their 1981 programmes as soon as possible.

We were sorry to learn that the long serving Hon. Gen. Secretary of I.A.D.C. Professor G.B. Winter has retired from that post. His successor is:-

Professor J.J. Murray,
Dept. of Child Dental Health,
University of Newcastle on
Dental School, Tyne,
Framlington Place,
Newcastle on Tyne, NE2 4BW,
England.

The Victorian Branch Subcommittee examining the use of Dental Therapists in private practice has done commendable work under the Chairmanship of Dr. James Lucas, in canvassing all their members with a questionnaire. The response has been quite good and we look forward to hearing the results of the survey.

It was interesting to learn that after the recent Weekend Seminar sponsored by the N.S.W. Branch it's membership has grown from 22 to 38. Maybe that is some tangible measure of the success of the event, and just possibly an effective way of promoting the Society. To quote part of a letter from Professor Noel Martin "I think there would be many benefits and general upgrading of our approach to Child Dental Health even if it only saved many dentists feeling threatened by the dental therapists or being uncomfortable in trying to justify the difference between the service they provide and the service some partially trained operator can give. Your Society, it seems to me, has the potential to create some pressure on making this part of our professional care for patients advance significantly"

The S.A., W.A., and Queensland Branches are leading the way by awarding annual prizes to top undergraduates in Pedodontics, commencing in 1980. Other States still have the matter under consideration.

Requirements for registration as a Specialist in Pedodontics.

A Consolidated Table showing the requirements in the States and Territories is on page 7.

Tom Mackay

New South Wales Branch

The Branch has started 1980 on a very successful note. Our first meeting was held at Sydney University Union, 18th March, when our Guest Speakers were Miss T. Coyne and Miss Jane Allen, both are Nutritionists. Those present were given a most informative address illustrated with slides, on the subject "Nutritional Aspects of Dental Health".

On Friday and Saturday 18th and 19th April, the Branch held its first Seminar at the Sydney Opera House. The Organising Committee was gratified that our Society's Federal President was able to be present. Over 90 registrations were recorded and these came from all States of Australia. The venue of the Sydney Opera House was superb - all facilities were made available to make both Lecturers and Participants comfortable. The Social Programme was enjoyed by all, in particular the Wine Tasting at Len Evans Cellars proved very popular. The two-day programme closed with an informal Bar-B-Que at the Marina of the Royal Motor Yacht Club at Point Piper.

Our next meeting will be held on Tuesday, 20th May, at Sydney University Union, Sydney. The topic for discussion will be "The Use of Relative Analgesia and Other Sedative and Anaesthetic Drug Techniques in Dentistry for Children - Two Points of View". The Guest Speakers will be Dr. Peter Sheridan from A.S.A.A.S.D. and Dr. Bill Winspear, a member of our Branch.

Ross Toll

Western Australian Branch

The first meeting for 1980 was held on March 19th. At the meeting the theme for the year was introduced. Drs. Greg Davis and Steve Knott presented a review of their study of Traumatic Dental Injuries. Their method was to get members of the Australian Society of Endodontology to fill out and

return a prepared proforma whenever they saw a new case of trauma. They presented a comparison with a number of other studies. The most interesting variations from these other studies could be attributed to the fact that all the cases were from private practice in this study. They presented details of the teeth most commonly affected.

The second speaker was Dr. Peter Gregory. He presented a series of Trauma Cases that he has observed at the Princess Margaret Hospital for Children, and how these cases have been treated in the first instance. Of great interest in this series, were the cases of trauma to deciduous teeth. Peter intends following up these cases in five to six years time so that he may observe the effect of the injury on the unerupted permanent tooth. This will be correlated with the nature and direction of the injuring force and the treatment administered at the time.

Members now look forward to the June meeting, which will be held in association with the Australian Society of Endodontology (W.A. Branch). The meeting will be addressed by Dr. Tony Sandler, Perth Endodontist. He will discuss Endodontic considerations in Traumatic Injuries.

Alistair Devlin

Victorian Branch

Our meetings are usually informal dinner meetings and our last meeting was held on Thursday May 1st, 1980 at University House, University of Melbourne.

The Branch's attitude on the use of therapists in private practice was reported by Dr. Pam Daniels following a questionnaire sent out by a sub-committee appointed by the Branch. Members did not favour employment of therapists in private practice but suggested a trained Auxillary who could be used in education, motivation,

radiography and in orthodontic practice.

Arthur Telford spoke of the need for co-operation to achieve a successful International Conference in Melbourne in 1983. There is a suggestion that the Federal Government may contribute to the cost of this conference.

Nancy Morse, Senior Lecturer at the Lincoln Institute School of Communication Disorders presented her approach to Myofunctional Therapy. She covered assessment of tongue thrust, and objectives in Therapy; the treatment decision and insight into actual therapeutic methods were also discussed.

Eva Berger advised us of the great success of the Sydney Conference. We were then entertained in a workshop atmosphere by our local member Dr. John Brownbill. His discourse on the treatment of dental caries in children after fluoride application emphasized a preventive approach based on diet control. He discussed precarious lesions, arrested caries, fluoride supplements, baby bottle caries, behaviour management, pain management and modification of treatment and its rationale.

Lloyd Fennell

Queensland Branch

At the Bimonthly meeting of April 14, Kerrod Hallett was elected to membership of the Society. Kerrod works in a suburban private practice and members are looking forward to a long and happy association with him.

The A.S.D.C. Prize for 1979 was won by Greg Moore, who is now working as Relieving Dental Officer with the School Dental Service in the Brisbane Area. Greg has been invited to the meeting to be held on Monday 2nd June where he will be congratulated by members and presented with his prize.

Bill Wilson presented to the members attending the last meeting a report of his travels as a Churchill Fellow through England, Europe, Canada and the U.S.A. and techniques used in various centres throughout these countries in the dental care of handicapped children.

The August Meeting will be the Annual "Away from Brisbane" Meeting of the Branch and will be held in Maryborough. Interested A.D.A. members are invited to join A.S.D.C. members for this meeting, scheduled for the week-end of Saturday 2nd and Sunday 3rd August. A.S.D.C. members from interstate who may be visiting Queensland at that time and who wish to participate would be most welcome and for further details should contact John Prentice (483518), Pat Comiskey (3922044) or John Jago (2218044).

Pat Comiskey

South Australian Branch

Our first meeting, held in March, provided a good start to the year. The Branch welcomed several new members, bringing our membership to twentythree, the highest since the Branch was started. Dr. Kevin Allen gave an interesting summary of his recent trip overseas which as well as attendance at the I.A.D.C. meeting in Budapest, included visits to quite a few dental schools and a couple of private pedodontic practices. It was enlightening to hear about how Pedodontics is taught in other places.

The reintroduction of the 'Five Minute Talk' provided stimulating discussion on the antibiotic cover requirements of Cardiac patients.

The topic was initiated by

John Kibble as he felt that the Oral antibiotic cover frequently recommended did not necessarily coincide with the opinion given by several prominent Adelaide Cardiologists. The Branch is following this up and would like to see more uniformity in the recommendations for antibiotic cover of Cardiac patients.

Dr. Ken Brown gave an extremely interesting and graphically illustrated talk on Forensic Odontology at the April meeting. Ken has been appointed recently Part-time Senior Lecturer in Forensic Dentistry at the Dental School, University of Adelaide, and the Branch was fortunate to hear him present his first hand experiences of some of the cases with which he has been involved. Our eyes were opened to some of the intricacies of Forensic Science and the important role Dentistry has to play and increasingly will play in this expanding field.

Dr. Joe Verco led a discussion on the Bleaching of teeth, which also proved useful and enlightening to the members.

Five of our members travelled to Sydney for the N.S.W. Branch Clinical Seminar. This proved to be an extremely informative and enjoyable (not necessarily in that order) if not tiring weekend and sincere congratulations are offered to the N.S.W. Branch for an excellently organised Seminar. I only hope S.A. are as equal to the task for our Country Convention which will be held in the Barossa Valley, October 24th & 25th. Further details will be forthcoming.

Our next meeting, a Clinical Forum led by four of our members, will be held at the University Staff Club on Tuesday June 24th, at 6 pm for 6.30 pm.

John Kibble

INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN

Davos, Switzerland 22-25 July 1981

From the Travel Brochures

Davos (150km from Zurich) lies in the Landwasser Valley, which is bordered by snowfields, woods and mountains rising to 9850 ft. and more; the mountains are not so close as to shut the place in but are all the more impressive at a distance. Four side valleys - greatly admired nature reservations - branch off to the east. The Davos district has an area of about 100 square miles.

Its sport and other pastime facilities are very broad and cater for all tastes.

SCIENTIFIC PROGRAMME see page 6

GROUP TRAVEL

At present the estimated cost of travelling to the meeting in DAVOS is being sought from three sources. Would all members who are interested in attending the Conference and participating in GROUP TRAVEL please inform Dr. K. R. Allen, 282 Melbourne Street, North Adelaide, S.A. 5006 without delay. Please indicate the number of people included in your party.

EIGHTH CONGRESS
OF THE
INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN
Davos, Switzerland 22-25 July 1981

P R O G R A M M E

- Wednesday, July 22 Council meeting
- Thursday, July 23 Opening Ceremony
- CHILDRENS DENTISTRY - A SOCIAL RESPONSIBILITY
- preventive measures
 - aims and limits of treatment
 - consequences for the profession, for the authorities and for the Dental Schools
- Friday, July 24 MISSING TEETH
- epidemiology
 - aetiology
 - principles of treatment
 - preservation of deciduous teeth
 - tooth germ transplantation
 - orthodontic considerations
 - rehabilitation
- BANQUET
- Saturday, July 25 FREE PAPERS AND TABLE CLINICS

Information and correspondence:

Pedontic Society of Switzerland
Prof. Dr. L. Rinderer, Parkring 4
CH-8027 Zurich, Switzerland

[The production of this Newsletter]
has been assisted by
[Colgate Palmolive Pty. Ltd.]

Report on Dental Board Requirements
for Recognition as a Specialist in Pedodontics

1980.

STATE	Pedodontics is Recognised	Specialists Register	Higher Qualification Required	Gen: Practice Clinical Experience Required	Specialist Practice Clin: Experience Required	Exclusive Practice of Speciality Required
QUEENSLAND	YES	YES	YES very detailed	NO	YES 2 Years	—
NEW SOUTH WALES	YES	NO Described as Specialist on normal Register	YES Plus adequate training	YES 4 Years as from 1984	YES Considered adequate	YES
NORTHERN TERRITORY	NO	NO Special Qualif- cations record- ed on normal Register	—	—	—	—
AUSTRALIAN CAPITAL TERRITORY	NO at present but it is	NO at present but it is	Proposed YES Acceptable to Board eg 2 Yrs F/T study	Proposed YES 1 Year	Proposed YES 2 Years Full Time	Proposed YES
VICTORIA (**= Specialist Practitioners Qualifications Committee)	NO	YES	YES Considered adequate by S.P.Q.C.**	YES Considered adequate by S.P.Q.C.**	YES Considered adequate by S.P.Q.C.**	YES
TASMANIA	NO	NO Special Qual/ns recorded on normal Register	—	—	—	—
SOUTH AUSTRALIA	NO	NO	—	—	—	—
WESTERN AUSTRALIA	YES	YES	YES 2 Years F/T Study	YES 2 Years minimum	YES 4 Years which includes 2 Yrs training	YES

FROM THE JOURNALS by Fraser Gurling
PREVENTION OF CHILDHOOD INJURIES

Injuries are the leading cause of childhood death throughout the developed countries of the world. Trauma deaths in Australia number about 800 each year among children less than 15 years of age. It is estimated that, in the age group from birth to four years alone, more than 30,000 Australian children each year require hospital admission from injuries.

Preventive measures that have proved most likely to work are those that never require any action by a child or family. The next most effective measures are those which require action only once on the part of the individual who wishes to provide protection for himself and family. However, despite warnings, action is often not taken. For example, in Adelaide, only 18% of parents whose children had been poisoned subsequently locked away poisons or changed their storage location. Least effective, in general, are those measures requiring the most frequent action.

The author identifies additional factors which influence the likelihood that preventive measures will be used. For example, the amount of effort involved. Ergonomic approaches incorporated in many products for adults should be applied more widely to problems of childhood injury.

In addition to the frequency of required action and the amount of effort, there are other deterrents or disincentives that can keep a measure from being widely applied. These include cost, discomfort and negative self-image. On the other hand, there are incentives which if strong enough, can elicit even repeated and/or prolonged co-operation. Incentives may include rewards, a perception of susceptibility to the hazard, and an instinct for self-preservation and the desire to avoid pain, embarrassment or punishment.

Compulsory child restraint in cars has just been introduced in S.A. Effort is required frequently and so it would appear that public acceptance is more dependent upon the additional factors outlined above.

(Baker, S.P. The Med. J. of Australia 1. 10. 466-470. 1980)

THE WIDTH OF ATTACHED GINGIVA ON
SUPRAERUPTED TEETH

An initial study was undertaken to determine the influence of age on the location of the maxillary mucogingival junction. The material comprised orthopantomograms of 20 males and 20 females aged 21-30 years and the same number of males and females aged 39-51 years.

The main finding was that there was no systematic age-correlated change in the distance from the maxillary mucogingival junction to the O.P.G. projection of the nasal floor.

The results confirm the theory of Pietrokowski and Massler that the mucogingival junction is a genetically determined border line between the basal bone and the alveolar process.

The distance from the mucogingival junction to the cemento-enamel junction in human type teeth is in direct proportion to the amount of past tooth eruption. Even during pronounced supraeruption the teeth tend to erupt with their investing tissue. Ainamo suggests that this finding is of interest as it should make it possible to treat the problem of a too narrow zone of attached gingiva by grinding the tooth out of occlusion and allowing it and its gingival margin to erupt.

(Ainamo, A.J. Periodontal Res. 13. 3. 189-198 1978)

AN APPROACH TO THE PATIENT WITH A
HISTORY OF L.A. HYPERSENSITIVITY:
EXPERIENCE WITH 90 PATIENTS.

A variety of adverse reactions to local anesthetics have been reported and patients presenting with such histories create clinical problems. When the identity of the suspected agent is unknown or members of both major groups of local anesthetics have been implicated, skin testing with progressive challenge provides a means for determining a safe agent. A small but significant number of false positive reactions occurred with such skin testing.

The authors conclude that the study demonstrated that the vast majority of patients who have been labelled as "allergic to L.A.s" are in fact, not. (de Shazo R.U. et al. J. Allergy Clin. Immunol. 63. 6. 387-394 1979)